PLACE OF BIRTH		
County of Jela	ARIZONA STATE E	BOARD OF HEALTH $ u$
strict of	BUREAU OF VITAL STATISTICS	State Index No. 177 County Registrar No. 115. Local Registrar No. 115. St. Ward
Full name of child Maraar	rth occurred in a hospital or institution,	give its NAME instead of street and number) J If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY in event of plural	Twin, triplet or other 6. Legitim No., in order of birth 9	
PATHER all name Ontonia Tel	14. Full maiden name	Rosee Cenquegos
Residence (Usual place of abode) If nonresident, give place and state	15. Residence (Usual place If nonresident,	e of abode) Solor Suh
Color or race	16. Color or race	17. Age at last birthday 3 ((Years)
Birthplace (city or place) Richmo (State or country) hen mex	15. Birthplace (city	Q_{n}
Nature of Industry	19. Occupation Nature of indus	ity Wife
ken as of time of birth of child herein ((b) 1501	n alive and now living 21. V n alive but now dead 5	Were precautions taken against oph- halmin noonatorum?
CERTIFICATE (creby certify that I attended the birth of this el	F ATTENDING PHYSICIAN OR	MIDWIFE* 15
When there was no attending physician or idwife, then the father, householder, etc., Bigs of the state one that neither breathes nor shows other	(Born alive or stillborn.)	(Physician or midwife)
idences of life after birth. // Add en name added from applemental report	Filed P 30, 192	y Winstoret
Month, day, year. Registrar,	Filed 19	Lecal Registrar. County Registrar,
439-419-932	·	CARLEY MARIETERS

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